

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IFU

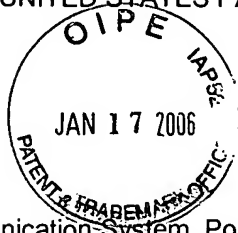
In re application of:

Masaki HOSHINA

Serial No: 10/799,370

Confirmation No: 6379

Filed: March 12, 2004

For: Contactless Data Communication System, Position
Information Management System, Contactless
Identification Tag, ...

Art Unit: 2876

Examiner: Walsh, Daniel I.

I hereby certify that this correspondence is
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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
January 11, 2006

Date of Deposit

Juanita Soberanis

Name

Juanita Soberanis

1/11/2006

Signature

Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following.

- ☒ Response to Restriction Requirement.
☒ Return postcard.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	**	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	6	-	6	***	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS		\$
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$____ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$____ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: January 11, 2006

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Telephone: 213 337-6700
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By:

Troy M. Schmelzer
Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)



PATENT
Attorney Docket No. 81754.0113
Customer No. 26021

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RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement dated December 13, 2005, Applicant elects
for prosecution the claims of Group I, Claims 1-9, 11-13 and 15-20, without traverse.

If there are any fees due in connection with the filing of this response, please charge the
fees to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: January 11, 2006

By: 

Troy M. Schmelzer
Registration No. 36,667
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